Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 02/11/2024 04:54 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 02/11/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 02/12/2024 09:22 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 02/12/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 02/12/2024 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes	[redacted]	

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]el

Referent Address: [redacted]

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: CUSTODIAL CHILD DEATH

Family Case IDs: [redacted]
Associated Case IDs: [redacted]

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP Yes , SS # [redacted] / CM, [redacted] Supervisor, [redacted]
Closed Court Custody None

Pending: None
Awaiting Screening: None
Submitted: None

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Open CPS: None
Substantiated: [redacted] DEC/[redacted] [redacted] Allegation Substantiated / Perpetrator Substantiated / 8-23-23
Death: None
Screen Outs: [redacted]

History (not listed above): None

County of Jurisdiction: [redacted]
School/ Daycare: Unknown
Active Military Status: No

Reporter's name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (7 months/deceased) and [redacted] (last name unknown/12) live with their foster mother [redacted] (38) in [redacted] County. [redacted] is [redacted] foster mother. [redacted] has adopted [redacted] No other information was given.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
The hospital states this is an emergency situation. They are requesting immediate assistance to the hospital. The child is located at [redacted] Children's Hospital, [redacted] TN [redacted] in [redacted] County. The contact person is [redacted] [redacted] Her phone number is: [redacted].

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
[redacted] went to the store to get some groceries on 02.11.2023. [redacted] was at the home and she was expected to watch [redacted] while [redacted] was out. [redacted] came back from the grocery store about 1 ½ hours later. [redacted] was on the bed asleep. When [redacted] came back from the grocery store she found [redacted] facedown on the bed and her lips were blue. [redacted] was not in a crib, she was asleep on a regular bed. [redacted] called 911 and EMS came out. [redacted] proceeded to do CPR on [redacted] EMS brought [redacted] to [redacted] Children's Hospital and did CPR the entire way. Once [redacted] arrived at the hospital the doctor ([redacted] @ [redacted] or [redacted]) continued to do CPR. They called it a cardiac arrest at 4:13pm. [redacted] body is still at the hospital. They are waiting on the medical examiner (no name given). [redacted] is at the hospital with [redacted] [redacted] is with her uncle (no name given) and they are on their way to the hospital. The DCS case worker for [redacted] is [redacted] (last name unknown @[redacted]).

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
No

-Anything additional to add to this initial report for the responding worker to know prior to response?
No

Intake Notation: Duplicate to intake #[redacted](Duplicate intake will be screened out as a duplicate)

Emailed/Paged CPSI On Call:

Recipients	Time Issued	Response Received	Devices Responses
[redacted]	02-11-24 05:45:40 PM [redacted]	02-11-24 05:46:09 PM [redacted]	Received
	02-11-24 05:45:40 PM [redacted]	---	[redacted] Email Sent

Notified Child Death/Preliminary Near-Death Notification Group via Email:

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

[redacted]
Child Programs Director or SIU TC , [redacted]

Intake Decision and Screener Signature. Per SDM: SIU P1. [redacted] Intake Supervisor @ 630pm on 2-11-24

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Participant(s)

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: Deceased

Address: [redacted] Tennessee [redacted]

Deceased Date: 02/11/2024

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted] - foster

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Name: [redacted] [redacted]

Gender: Female
Date of Birth:
Partipant ID: [redacted]
SSN:
Race:
Age: 38 Yrs (Est)
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: Yes
DCS Foster Child: No
Contact:
Contact Type:
Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Name: Unknown Participant [redacted] [redacted]

Gender: Female | Date of Birth: | Partipant ID: [redacted]

SSN: | Race: | Age: 12 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-09-03 12:25:00	Contact Method:	
Contact Time:	12:25 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/03/2024
Completed date:	09/03/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2024 12:25 PM Entered By: [redacted]

Closing notification sent to pertinent individuals on closing notification.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-08-21 09:48:00	Contact Method:	
Contact Time:	09:48 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/21/2024
Completed date:	08/21/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2024 09:52 AM Entered By: [redacted]

Investigation reviewed and the allegations of abuse death are unsubstantiated. There was not enough evidence to support the allegations due to it did not appear ACV's passing was the result of abuse/neglect. The allegations of LOS were added due to the 12 year old daughter was left to care for the ACV and this was not approved by the provider as appropriate in accordance with prudent parenting. The 12 year old knew some basics of infant care but was left with no means to contact AP in the event of emergency with her gone for at minimum 2 hours. AP failed to provide adequate supervision for ACV. All tasks completed.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-08-21 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/21/2024
Completed date:	08/21/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2024 09:40 AM Entered By: [redacted]

The Department of Children's Services (DCS) Special Investigations Unit (SIU) received a report of abuse on February 11, 2024, with an allegation of Abuse Death, regarding a custodial alleged child victim (ACV) [redacted] DOB: [redacted] came into DCS custody Dependent/Neglect through [redacted] County on July 30, 2023. She was placed into the [redacted] foster home of [redacted] on August 7, 2023. The Alleged Perpetrator (AP) in this investigation was identified as [redacted] Additional allegations of Lack of Supervision were added with Ms. [redacted] as the Alleged Perpetrator and [redacted] as the Alleged Child Victim.

On February 11, 2024, [redacted] was in the foster home of [redacted] Mrs. [redacted] left to go shopping around 1:30PM and left her Autistic Adopted 12-year old daughter, [redacted] at the home to care for [redacted] who was asleep. [redacted] was left on the middle of the bed with pillows on each side. Ms. [redacted] was gone for an estimated 2 hours, arriving back home around 3:15PM, and noticed [redacted] was face down and not breathing. Mrs. [redacted] asked [redacted] to call 911 and Mrs. [redacted] began Cardiopulmonary Resuscitation (CPR) until paramedics arrived. [redacted] was pronounced deceased on February 11, 2023 at 4:13 PM.

Investigators involved in the case were: Detective [redacted] Police SIU Case Manager, [redacted] SIU Team Leader (TL) [redacted] SIU Team Coordinator (TC) [redacted] and SIU Director [redacted]

Interviews were conducted with the following individuals during the course of the investigation:
[redacted] foster mother
[redacted] adopted daughter
[redacted] social worker
[redacted] Department of Childrens Services

On February 11, 2024, Patrol was dispatched to the home of [redacted] and the alleged child victim, [redacted] was found unresponsive. [redacted] was placed in the bed to sleep at approximately 12:00 PM. Mrs. [redacted] left her residence at approximately 1:00 PM, leaving [redacted] in the care of her 12-year-old

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

daughter, [redacted] Ms. [redacted] returned home at an estimated 3:15 PM and found [redacted] still in the bed but unresponsive. Ms. [redacted] called 911 and attempted CPR efforts until responding medics arrived and transported [redacted] to [redacted] Children's Hospital where she was later pronounced deceased.

On February 11, 2024, CM [redacted] interviewed [redacted] She reported that while she was gone from the home, her 12 year old daughter, [redacted] was caring for [redacted] It was reported that [redacted] was born with a swallowing and breathing issue called dysplasia which had resolved itself at the time of investigation. Ms. [redacted] reported that [redacted] is autistic and was home without a phone the day of incident as well as being unaware of how to change [redacted] diaper. Ms. [redacted] reported that [redacted] fell asleep around 12:00PM 12:30pm and she did not want to wake her. Ms. [redacted] then left to go to the store and when she returned at around 3:15PM, she picked her up and she was not breathing. She reported that [redacted] had babysat numerous times before and knew how to care for her sister. [redacted] did not have access to a phone for emergencies, but could have called 911 through her Alexa device.

On February 15, 2024, a Forensic Interview was completed with [redacted] She reported that she keeps [redacted] when Ms. [redacted] goes to the store or takes a shower. She did not report any abuse, but did report being left alone to care for [redacted] from time to time.

An autopsy was completed on [redacted] on February 12, 2024 at the Center for Forensic Medicine by [redacted] MD in [redacted] Tennessee. The report indicates the cause and manner of death are undetermined. The report also indicated that an asphyxia cannot be ruled out.

The case was presented to the [redacted] County Child Protective Investigative Team (CPIT) on May 28, 2024. Those in attendance were; SIU CM [redacted] District Attorney [redacted] from [redacted] and Detective [redacted] PD. The team agreed with the decision to classify the case as Allegation Unsubstantiated/ Perpetrator Unsubstantiated (AUPU) for the allegation of Abuse Death and Allegation Substantiated, Perpetrator Substantiated for the allegation of Lack of Supervision against AP [redacted]

DCS policy Work Aid 1 (G) defines the following criteria for Abuse Death:
1. Any child death caused by abuse or neglect.
2. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
3. Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

DCS policy Work Aid 1 (C5) defines the following criteria for Lack of Supervision:
Failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that:
a) The child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or
b) Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).
c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

There is not a preponderance of evidence to support the allegation of Abuse Death. The case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated.

There is a preponderance of evidence to support the allegation of Lack of Supervision which were classified Allegation Substantiated, Perpetrator Substantiated.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-08-01 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	07/31/2024
Completed date:	08/16/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2024 09:18 AM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-22 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/21/2024
Completed date:	08/21/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2024 09:48 AM Entered By: [redacted]

Summary provided to TL and is being reviewed and then will be sent to SIU Director for further review.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-01 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	07/01/2024
Completed date:	07/01/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2024 12:22 PM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-06-20 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/21/2024
Completed date:	08/21/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2024 09:47 AM Entered By: [redacted]

No new or ongoing risk.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	System Completed
Contact Date:	2024-05-31 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	05/31/2024
Completed date:	07/01/2024	Completed By:	System Completed

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/31/2024 01:56 PM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-22 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/21/2024
Completed date:	08/21/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2024 09:47 AM Entered By: [redacted]

Investigation reviewed and autopsy received with cause of death listed as undetermined. CPIT review complete and allegations of Abuse Death classified AUPU with no disagreement. The added allegations of LOS are ASPS. Summary is being completed and will be sent to TL for review.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	System Completed
Contact Date:	2024-05-17 10:30:00	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/17/2024
Completed date:	06/17/2024	Completed By:	System Completed

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/17/2024 12:01 PM Entered By: [redacted]

SIU received this report of abuse from the Child Abuse Hotline on 02/11/2024. The allegations named in the report include of ACV ([redacted] naming (/Unlicensed Daycare) as the alleged perpetrator.

Child Death: Child death is defined as:
Any child death caused by abuse or neglect.
Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Lack of Supervision: Failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that:
○ The child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or
○ Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).
○ Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

Criteria not met on child death but criteria met on lack of supervision.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	System Completed
Contact Date:	2024-05-17 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	05/17/2024
Completed date:	06/17/2024	Completed By:	System Completed

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/17/2024 12:00 PM Entered By: [redacted]

The Child Protective Investigative Team (CPIT) was convened on 05/28/24 at the [redacted] in [redacted] TN. Case Manager- CM [redacted] emailed a copy of the referral to cpit <[redacted]>; <[redacted]> and [redacted] ([redacted]) as per local protocol.

Detective [redacted] has been assigned to this case.

This case was presented at CPIT and it was agreed to classify the case as allegations substantiated/perpetrator substantiated for lack of supervision and allegations unsubstantiated/perpetrator unsubstantiated for child death.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-17 09:00:00	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/21/2024
Completed date:	08/21/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2024 09:43 AM Entered By: [redacted]

Investigation presented to CPIT on 5/17. All parties present were in agreement with ASPS for LOS and AUPU for abuse death.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-15 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	05/17/2024
Completed date:	05/17/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Medical Exam

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/17/2024 12:18 PM Entered By: [redacted]

According to the Autopsy Report, the cause of death was "undetermined", the manner of death was "could not be determined" and the circumstances of death were "unknown if external causes were involved". Report uploaded.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-13 12:00:00	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	05/13/2024
Completed date:	05/13/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/13/2024 11:43 AM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-13 11:46:00	Contact Method:	
Contact Time:	11:46 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/13/2024
Completed date:	05/13/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/13/2024 11:47 AM Entered By: [redacted]

Response received:

No, nothing on my end. The final autopsy report has not been upload yet but Dr. [redacted] has it classified as MOD Undetermined and COD Undetermined. She was positive for anything on toxicology.
Nothing came back on toxicology. The video I retrieved from the apartment complex shows her leaving and being gone for approximately 2hrs before returning home. Ive attached both the preliminary autopsy report and my supplement for the video recording. Im not sure how I fell about this one. Obviously leaving the child unattended with the 12yr old is a problem but unsure on what caused her death. Possibly unsafe sleep or co-sleeping but Im not there yet.

*Documents uploaded.

Case Manager [redacted] reached out to [redacted] ([redacted] PD) [redacted] and asked if there were any LE updates.

Narrative Type: Addendum 1 Entry Date/Time: 05/15/2024 08:53 AM Entered By: [redacted]

Response received:

No, nothing on my end. The final autopsy report has not been upload yet but Dr. [redacted] has it classified as MOD Undetermined and COD Undetermined. She was positive for anything on toxicology.
Nothing came back on toxicology. The video I retrieved from the apartment complex shows her leaving and being gone for approximately 2hrs before returning home. I've attached both the preliminary autopsy report and my supplement for the video recording. I'm not sure how I fell about this one. Obviously leaving the child unattended with the 12yr old is a problem but unsure on what caused her death. Possibly unsafe sleep or co-sleeping but I'm not there yet.

*Documents uploaded.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-29 11:33:00	Contact Method:	
Contact Time:	11:33 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/29/2024
Completed date:	04/29/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2024 11:43 AM Entered By: [redacted]

E-mail response:

For this case, it been completed by the doctors. You can go to our website and request a copy of the report. Indicate that you are an investigator with CPS, so you will be exempt from payment. If you have any questions, please let me know!

Case Manager sent an e-mail to [redacted] <[redacted]> requesting a copy of the preliminary or final autopsy, if available.

Narrative Type: Addendum 1 Entry Date/Time: 05/02/2024 10:34 AM Entered By: [redacted]

E-mail response:

For this case, it been completed by the doctors. You can go to our website and request a copy of the report. Indicate that you are an investigator with CPS, so you will be exempt from payment. If you have any questions, please let me know!

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-16 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/21/2024
Completed date:	08/21/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2024 09:45 AM Entered By: [redacted]

Investigation reviewed and autopsy is pending.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-09 10:00:00	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	04/09/2024
Completed date:	04/09/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2024 10:34 AM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-03-18 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/21/2024
Completed date:	08/21/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/21/2024 09:45 AM Entered By: [redacted]

Investigation reviewed and autopsy is pending.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-03-01 17:10:00	Contact Method:	Face To Face
Contact Time:	05:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	03/01/2024
Completed date:	03/01/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/01/2024 05:11 PM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

Case Recording Details

Recording ID: [redacted] Status: Completed

Contact Date: 2024-02-20 13:58:00 Contact Method:

Contact Time: 01:58 PM Contact Duration:

Entered By: [redacted] Recorded For:

Location: Created Date: 02/20/2024

Completed date: 02/20/2024 Completed By: [redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2024 01:58 PM Entered By: [redacted]

Birth records received and uploaded.

Records not received- sent request to [redacted]

Case Manager [redacted] faxed request for birth records to [redacted] Hospital [redacted]

Narrative Type: Addendum 2 Entry Date/Time: 07/15/2024 03:15 PM Entered By: [redacted]

Birth records received and uploaded.

Narrative Type: Addendum 1 Entry Date/Time: 05/13/2024 11:41 AM Entered By: [redacted]

Records not received- sent request to [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-16 15:29:00	Contact Method:	
Contact Time:	03:29 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/17/2024
Completed date:	02/17/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/17/2024 07:25 AM Entered By: [redacted]

E-mail from [redacted] with Forensic Interview report for [redacted] Uploaded.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-15 10:30:00	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/20/2024
Completed date:	02/20/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2024 08:13 AM Entered By: [redacted]

Case Manager [redacted] spoke with Ms. [redacted] about grief counseling. She is getting grief counseling set up through her EAP at work and [redacted] is already in grief counseling as both of her parents are deceased. They will be addressing [redacted] death in counseling individually and together. CM also provided Ms. [redacted] with a list of grief support groups in the [redacted] area, both in person and on Zoom.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-15 09:12:00	Contact Method:	Face To Face
Contact Time:	09:12 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	02/15/2024
Completed date:	02/15/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation,Other Child Living in the Home Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/15/2024 10:26 AM Entered By: [redacted]

At the end of the interview, [redacted] was showing FI her drawings in her notebook when FI noticed a written timeline for the day of the alleged incident. She went through the timeline stating baby played at 10:30AM, fell asleep at 12:30PM, Ms. [redacted] left at 1:30PM, and arrived home at 3:41PM. When asked why she wrote it, she said she didn't want to forget the details or get Ms. [redacted] in trouble for saying the wrong thing. When asked if she was told to write it down, she said no, she just wrote it for her own personal reference. Det. [redacted] asked Ms. [redacted] if he could take the notebook for a while and she agreed.

A forensic interview was held on this day at the [redacted] with, [redacted] the Other Involved Child-OIC. [redacted], Forensic Interviewer (FI), conducted the interview. Also present for the interview was Detective [redacted] PD.

As the interview began, FI told ACV about the room and made conversation with the ACV. She talked about what she liked to do and she stated she liked K-Pop, Anime, and she likes to draw. She attends [redacted] and she is in the 6th grade. She also participated in Art Club.

She continued to tell her about the cameras in the room and that their conversation would be recorded. FI told to only talk about things that really happen and to tell the truth. She let her know that if she doesn't understand something, to let her know and not to answer if she doesn't know. She talked about telling the truth and they did some practice. [redacted] understood the conversation.

She said she lives with Mrs. [redacted] That is what she calls her. She takes her on vacation like Hawaii and Arizona. They watch movies together. She gives her her needs and wants, more specifically clothing, food, and other things she needs or wants. They also like to talk to each other. She said sometimes Uncle [redacted] comes over, that is Ms. [redacted] brother. He is really cool and she watches horror movies with him. She said they have a dog and she helps to take care of her. They take her out in the morning, noon, and night. They feed her twice a day. When Uncle [redacted] comes over, he will sleep on the couch. He comes over when he is off work. She sleeps in her own room and Ms. [redacted] sleeps in her room.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

FI asked if [redacted] knew why she was here to talk and she said she wasn't sure. When FI asked if something happened at home. She said, "oh, [redacted] She said they were watching tv on the bed and [redacted] fell asleep on the bed between them. Ms. [redacted] left around 1:30 and came back at 3:40. She was to take care of [redacted] while Ms. [redacted] was gone. How does she remember the times, she said Ms. [redacted] told her the times. She also told her not to shut down and tell the truth. She said she went to [redacted] to find a gift for her mom. She didn't find a gift, but she bought a mixer. When Ms. [redacted] came home, she started screaming because [redacted] was cool (to the touch). She takes care of [redacted] when Ms. [redacted] goes to the grocery store or when she is in the shower. She doesn't know how to change her but she knows how to feed her and put her to sleep. She described how she feeds her with the bottle, holding her in a blanket with the bottle. And she puts her in a chair to feed her. She drew pictures of both. She said there is a chair to put her to sleep and one to feed her. She said [redacted] sleeps in the bed and bassinet. She said she moves a lot in her sleep, especially in the bed but she doesn't know how she does that at night because she doesn't sleep in the bed with Ms. [redacted] She has her own room. She moves and rolls a lot. She pulls her hair. She can kinda crawl. She can grab stuff. She is very aware.

She said she eats baby food and eats from a bottle. She said she is not sure what she eats that day. She thinks she was asleep. She did not see [redacted] put anything in her mouth. She has seen her put her hand or clothing in her mouth before. She said she sometimes cries when she is put down to sleep. They will hold her to help her fall asleep. Her and Ms. [redacted] will both hold her. She will cry for a long time. She said baby formula or baby water is in the bottle. She said she does not get anything else to help her fall asleep. She something like melatonin and said there is a lavender lotion that Ms. [redacted] puts on her head and body to help her fall asleep. Ms. [redacted] keeps the tube on her night stand. FI asked what she knows about melatonin and she said it helps you fall asleep. She doesn't take anything for sleep, she just falls asleep on her own. She said she never fell or got hurt. But then, she said she rolls a lot and fell off the bed once but the carpet is soft so she was fine. She said is was a long time ago like when she started moving a lot and Ms. [redacted] told her she fell.

Regarding the alleged incident, they were on the bed and [redacted] fell asleep. Ms. [redacted] left to go to [redacted] and then came back. She sat in her room during that time and went to check on her. Kissed her on her cheek and went to the living room to watch tv. She did not wake up but moved a little when she kissed her. She said nothing worried her and she did not see anything that worried her. She said she was cool when Ms. [redacted] checked on her. She said she went to the room and picked her up. Ms. [redacted] said she was cool. She felt her, too. She put a hot water rag on her head to warm her up while Ms. [redacted] was giving her CPR but Ms. [redacted] put the rag away when it got cold. Ms. [redacted] said [redacted] was warming up. She usually puts her purse down and changes her clothing when she gets home. But not this time. When she saw [redacted] on her side, she brought her out and gave her CPR on the high chair in the living room. She said she did CPR for a few minutes like the people at 911 told her to do. She said nothing like that happened before. She sleeps on her back, side, and stomach. FI asked if anything was different or something that worried her. She said she wheezes sometimes and Ms. [redacted] has to use the tube to suck the stuff out of her nose. She doesn't know the last time she used it. She did not wake up when she was watching her.

FI re-addressed eating and nap time. [redacted] said she does tummy time but hasn't done that in a long time. She will lay on the floor with her toys around her. She said when she is done, they will get her up and feed her. Sometimes they prop the bottle up with a blanket if they are busy. She said [redacted] usually goes to sleep with Ms. [redacted] sometimes she wakes up at 11:00Pm. She said she has not problem getting her to sleep. If Ms. [redacted] is tired, she will bring her in her room and give her space on her bed. She will stay on her bed but they usually will be in the living room first. [redacted] will sit in the chair, but in her room she will hold her or put her on her bed. She said she will sleep with [redacted] and sometimes it will be the whole night in the bed unless she wakes up. Regarding the bassinet, she talked about how tall and wide it was. She said [redacted] can move around in there and it is besides Ms. [redacted] bed. She said she will put lavender on her sometimes, it looks like a lip balm. It has a ball in it and you roll it on her head and other parts of her body. She said it is small, has a ball inside and she thinks she gets it at Walmart. She said it smells good.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

FI asked what Ms. [redacted] told her about the interview and if there was anything she wasn't supposed to say. She said no, she was told to tell the truth, and talk about only what she knows.

The forensic interview ended at this time. Please review the DVD for the entire forensic interview.

Narrative Type: Addendum 1 Entry Date/Time: 02/16/2024 08:50 AM Entered By: [redacted]

At the end of the interview, [redacted] was showing FI her drawings in her notebook when FI noticed a written timeline for the day of the alleged incident. She went through the timeline stating baby played at 10:30AM, fell asleep at 12:30PM, Ms. [redacted] left at 1:30PM, and arrived home at 3:41PM. When asked why she wrote it, she said she didn't want to forget the details or get Ms. [redacted] in trouble for saying the wrong thing. When asked if she was told to write it down, she said no, she just wrote it for her own personal reference. Det. [redacted] asked Ms. [redacted] if he could take the notebook for a while and she agreed.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-14 15:01:00	Contact Method:	
Contact Time:	03:01 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/16/2024
Completed date:	02/16/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/16/2024 01:59 PM Entered By: [redacted]

E-mail from [redacted] PD) [redacted] with incident report, uploaded.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-14 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/05/2024
Completed date:	03/05/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/05/2024 11:14 AM Entered By: [redacted]

The death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with the following staff: Case Manager (CM) [redacted] Team Leader (TL) [redacted] Team Coordinator (TC) [redacted], CPS Director (CPSD) [redacted] and Director of Critical Incident Support (DCIS) [redacted].

The CPS investigation was assigned in TFACTS on 2/12/24 concerning the death of custodial ACV [redacted] (7mo). It was reported [redacted] resided with her foster mother [redacted] and the foster mothers adopted child [redacted] 12yo] in [redacted] County. The birth mothers [redacted] whereabouts are unknown. The birth father is unknown. [redacted] has been with the foster mother since 3 weeks of age. The foster mother was planning to adopt [redacted] in the future.

On 2/11/24 the foster mother reportedly found [redacted] unresponsive in the foster mothers bed where she had been sleeping. The foster mother called 911 and initiated CPR. EMS arrived and transported [redacted] to [redacted] Childrens Hospital where pronounced deceased. No observable injuries or evidence of neglect were noted. An autopsy was ordered with results pending.

The foster mother reported it was routine for [redacted] to sleep and be fed every 3-4 hours. On 2/11/24 the foster mother and 12yo were sleeping on either side of [redacted] in the foster mothers bed. At approximately 12:30 the foster mother woke and got ready to leave the home to run errands. The 12yo also got up and went to the living room to sit on the couch. The foster mother placed two pillows on either side of [redacted] as she could roll from side to side. The foster mother left the home at 1:30pm leaving [redacted] in the supervision and care of the 12yo. The foster mother was gone from the home approximately 2 hours, returning at 3:15pm. The 12yo informed the foster mother [redacted] had been sleeping the whole time she was gone. The foster mother checked on [redacted] and found her unresponsive and cold. The foster mother reported she is CPR certified and immediately initiated CPR. She reported [redacted] spit up a little and her hands seemed to warm prior to EMS arriving.

The foster mother reported no health concerns or medications [Rx or OTC] for [redacted] Her last PCP appointment was on 1/9/24 and reportedly her health and growth were on track with no concerns. [redacted] received immunizations at that

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

appointment and was scheduled for second-round immunizations on 2/15/24. The foster mother reported [redacted] has babysat [redacted] several times in the past [both while foster mother was there and when she left the home] without issue. The foster mother reported the 12yo was knowledgeable on feeding, changing, and general care for [redacted] The foster mother reported the 12yo did not have access to a phone while she was out of the house, but was able to call her or 911 through Alexa, although she could not receive calls. The foster mother reported the 12yo is on the autism spectrum and does not do well when new people or conditions are introduced into her environment, but otherwise has no issues. A forensic interview has been scheduled for the 12yo. Both [redacted] and the DCS foster care FSW stated the foster mother had never reported the 12yo was being utilized to watch [redacted] and they were unaware of her ever doing so.

Next Steps:
-- CM will request ACVs birth and PCP. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will ensure FI is scheduled for 12yo.
-- CM will connect foster mother and 12yo to grief counseling.
-- CM will completed interview with 12yo teach/service provider if applicable to help determine competence level/ability to provide care for an infant without adult supervision.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-14 12:27:00	Contact Method:	
Contact Time:	12:27 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/16/2024
Completed date:	02/16/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/16/2024 02:04 PM Entered By: [redacted]

Records received from [redacted] uploaded.

Case Manager [redacted] faxed a medical records request to [redacted] Medical Center and [redacted] Pediatrics. Fax confirmations received. Complete medical records received from [redacted] Pediatrics, uploaded.

Narrative Type: Addendum 1 Entry Date/Time: 02/20/2024 01:19 PM Entered By: [redacted]

Records received from [redacted] uploaded.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-13 14:00:00	Contact Method:	Correspondence
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/13/2024
Completed date:	02/13/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/13/2024 04:43 PM Entered By: [redacted]

Notice of referral sent to law enforcement and CAC per local CPIT protocol.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-12 14:54:00	Contact Method:	
Contact Time:	02:54 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/12/2024
Completed date:	02/12/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/12/2024 02:55 PM Entered By: [redacted]

Child Abuse Hotline received the following referral on 02/11/2024. Initial notification sent to appropriate parties by SIU Pool Reader. The investigation was assigned to Case Manager (CM)- SIU Investigator, [redacted] as a Priority 1 investigation.

ACV: [redacted]
DOB: [redacted]
Adjudication (D/N, JJ, or N/A): D/N
Number of Prior SIU Referrals: 0
County of Residence: [redacted]

AP: [redacted]
Relationship to ACV (parent, resource parent, teacher, etc): Foster Parent
Number of Prior SIU Referrals: 0
County of Incident: [redacted]

Placement/Incident (DCS RH of name or [redacted] RH of name or school, etc): Foster Home

Allegations (physical abuse, lack of supervision, etc): Abuse Death

Details of Allegation:
[redacted] went to the store to get some groceries on 02.11.2023. [redacted] was at the home and she was expected to watch [redacted] while [redacted] was out. [redacted] came back from the grocery store about 1 ½ hours later. [redacted] was on the bed asleep. When [redacted] came back from the grocery store she found [redacted] facedown on the bed and her lips were blue. [redacted] was not in a crib, she was asleep on a regular bed. [redacted] called 911 and EMS came out. [redacted] proceeded to do CPR on [redacted] EMS brought [redacted] to [redacted] Childrens Hospital and did CPR the entire way. Once [redacted] arrived at the hospital the doctor ([redacted] @ [redacted] or [redacted]) continued to do CPR. They called it a cardiac arrest at 4:13pm. [redacted] body is still at the hospital. They are waiting on the medical

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

examiner (no name given). [redacted] is at the hospital with [redacted] [redacted] is with her uncle (no name given) and they are on their way to the hospital. The DCS case worker for [redacted] is [redacted] (last name unknown @[redacted]).

TFACTS history was checked on all involved parties. TFACTS history is as follows:

CM [redacted] completed a TFACTS history search on (ACV):
No history.

CM [redacted] completed a TFACTS history search on (AP):
No history.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-12 12:00:00	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/17/2024
Completed date:	02/17/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/17/2024 09:15 AM Entered By: [redacted]

Case Manager-CM [redacted] spoke with (FP from [redacted] on 02/12/2024. She stated that she was notified of the incident by the foster parent. She told CM that the Alleged Child Victim-ACV didn't have any issues. She was born with a swallowing and breathing issue that resolved itself this was called dysplasia. She said otherwise ACV was very healthy and their only concerns was the birth mom using fentanyl, cocaine, and THC . They were anticipating developmental delays but have observed nothing thus far. She was just at the home on Thursday, February 8th she had no concerns . She said a CV was in a bouncy seat watching cartoons . She said she was being fed formula and cereal as well as water and diluted juice. She added that she did not know that the 12 year old child was watching the baby while the Alleged Perpetrator- AP was out. when she spoke to the foster parent she was told that she left to go to the grocery store and come back but it was not mentioned to her that ACV was in the care of the 12 year old. She knows the 12 year old has autism but does not know to what level. She said their agency discourages children watching other children. They believe children should not watch children. He believes this is an opportunity for foster care training as no child takes care of another child, especially those children in DCS custody. She is not concerned with any safety issues in the home but admits that it is a small place and it is very cluttered. she did not have any additional information to disclose nor did she have any questions. CM thanked her for the information and concluded the phone call.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-12 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/17/2024
Completed date:	02/17/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/17/2024 09:10 AM Entered By: [redacted]

Case Manager-CM [redacted] spoke with (FSW) [redacted] on 02/12/2024. She stated that she was aware of the incident as the FP had called her but they had not had a discussion yet and she was in the process of trying to contact her. She said the last time she was at the foster home was 1/22/24 and she did not have any concerns. She said the Alleged Child Victim-ACV was it cheerful and happy baby. She responded well and was age appropriate in development. she said that there were no issues with her health. Regarding the incident she stated that she was surprised that the 12 year old was caring for a CV as that was not something that she was aware of she stated that she had been told that the baby was laid down while the Alleged Perpetrator- AP went to the store and when she came back ACV was non-responsive. So 911 was called . she added that she was not told that the 12 year old was watching the child but she does know that [redacted] has autism. She does not know to what extent. She knows that AP works from home and has never had an issue with AP leaving the baby or any concerns. she stated that [redacted] is the FP from [redacted] They were in the process of completing a TPR and this was a pre adoptive home. She also stated that she will be attempting to reach out to the birth mother but they do not have any contact information for her. she said she contacted the maternal grandmother and requested help in locating mom but mom was last reported homeless and did not show up to the last court date . She expressed the importance of reaching the birth mother and we'll give notification to CM when she does. CM thanked her and concluded the call.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-11 21:30:00	Contact Method:	Face To Face
Contact Time:	09:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/14/2024
Completed date:	02/17/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/17/2024 09:01 AM Entered By: [redacted]

Case Manager-CM [redacted] interviewed, [redacted] a reported witness to the alleged incident on 02/11/24. CM [redacted] identified herself and stated the purpose of the interview. She is the adoptive daughter of [redacted] Her birthday is [redacted] . She attends [redacted] school in [redacted] She said she does really well in school she is better at math and calculus or any kind of higher level math. She also really likes social studies. she is not a big fan of ELA because it is boring . She said she really likes school because she has a lot of friends at school. She has a friend group of five and they are all really helpful to each other. She really likes Japanese anime, One Piece and Mononoke. CM said she just wanted to introduce herself and her job was to make sure kids are safe. She said she feels safe and home and at school. see him also let her know that she may be asked to do an interview with someone whose job is specifically to ask kids questions and that might happen later this week. She said OK and she did not have any questions for CM. CM thanked her and exited.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-11 21:00:00	Contact Method:	Face To Face
Contact Time:	09:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/14/2024
Completed date:	02/14/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/14/2024 01:51 PM Entered By: [redacted]

Foster Parent (FP) agreed to speak with CM [redacted] in person with their foster parent advocate, [redacted], present. CM [redacted] had (FP) sign the form and upload it into TFACTS.

On 02/11/2024, Case Manager (CM) [redacted] spoke with Alleged Perpetrator- AP, [redacted] concerning the reported allegations and an informal assessment was completed at her home in [redacted] TN. CM [redacted] explained the role of the Special Investigations Unit, as well as, the protocols of a Child Protective Investigative Team assigned to the case. CM [redacted] then gathered the following investigation information.

She has been a foster parent for the last two years and she works through [redacted] is her [redacted] worker and her phone number is [redacted]. Her DCS worker is [redacted] She has an adoptive daughter , [redacted] who is 12 years old. She adopted her about a year ago. It was just the two of them and ACV She began fostering the Alleged Child Victim-ACV when she was 3 weeks old and she was seven months old at the time of the incident. She stated that she was a happy and healthy baby. She took her to her last doctor's appointment in January on the 15th. That was her six month checkup. She stated ACV had no physical or developmental issues. She believes her weight at that time was about 15 or 16 lbs. She goes to [redacted] Pediatrics on [redacted] in [redacted] TN. Her physician is Dr. [redacted] ACV was not on any medications.

Her typical eating schedule: Wake up at about 3:00 AM to eat and to go back to sleep until about 7:00 AM when she would eat again. Her next feeding would usually be at about 11:00 AM and maybe some play time. ACV typically set in a baby seat next to foster mom's home office as she teleworked. After her 11:00 AM feeding, she would often put her on a blanket on the floor next to her for "tummy time". At the times she fed her and woke up she would often change her diaper as well as feed her. Oftentimes she held ACV while she was working and sat her in her lap. She stated that ACV could roll side to side and scoot on her tummy. She had another nap time at about 1:30 or 2:00 PM. That was her typical schedule but it could vary. She did not attend daycare.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Law enforcement interrupted the interview to request that the foster mother reenact the day's events. They allowed CM to observe their CSI team. CM met Detective [redacted] who is assigned to the case. CM observed the foster mom bring the law enforcement team into her bedroom. She straightened the sheets and covers and told them that the bed was not in disarray when baby was put down to sleep. She stated that they had been watching TV and napping on the bed. Baby had just fallen asleep and she wanted to go to the store to look for a birthday gift for her mother. She said the baby was on her back sleeping in the middle of the bed. She put a pillow on each side of the bed so she would not roll off as she often rolled around in her sleep. She fell asleep at about 12:00 or 12:30 PM and she did not want to wake her. She left for the store at 1:30 PM. She said she came back around 3:15PM. She asked her daughter, [redacted] how baby was doing and she replied that baby was still asleep. When she walked into the bedroom to check on the baby, she said that she was on her side with her face tilted up and her body facing towards the pillow. She immediately picked her up noticed that she was not breathing and her hands were cold. She tapped on her face and took her to her high chair where she attempted CPR with her laying down . In the interim she had screamed for [redacted] to call 911. She said liquid came out of her mouth but her hands started to warm up . She continued to do CPR until EMS arrived. She pointed to the stain on the bedding and let them know that was not there when she left. CSI took photos and told [redacted] that they would provide her with copies via e-mail or text.

CM resumed the interview. Mrs. [redacted] stated that ACV's last appointment was on January 9th . It was her six month physical where she received her immunizations as well as COVID and flu shots. She had a follow up appointment scheduled for February 15th to get a second round of immunizations.

Regarding the incident, she stated she woke up at 7:30 AM today and changed ACV's diaper and gave her a bottle. she said it was Sunday so they slept in a little bit as ACV usually wakes up at 3:00 AM. She said they took a nap until about 8:00 AM when they woke up to watch TV. She said ACV was giggling and they were playing and watching cartoons. She said ACV went back to sleep at about 12:30 PM. She was laying in between herself and [redacted] At 1:30 PM she decided to leave to get her mother a birthday gift. She went to [redacted] and she got back around 3:15 PM. When she came back she said [redacted] was on the couch and she asked where ACV was. [redacted] said she had been sleeping since her mom left for the store. When she walked into the bedroom she saw that ACV had moved from the middle of the bed to the pillow on the right hand side. She was on her side and her face was toward the pillow She tapped her on her back and her face. She said her lips were blue and her hands were cold. She said she is certified in CPR and immediately began CPR. She asked [redacted] to call 911 they had her continue doing CPR until EMS arrived. She said her hands were warming up as she continued to do CPR and she thought ACV would be ok. When EMS arrived they took ACv via ambulance to [redacted] She asked to ride with them and could not. So she immediately drove to the hospital where she was told ACV had passed away.

She stated that [redacted] had babysat numerous times before. She knew how to take care of her baby sister and there had never been any issues prior. She said [redacted] loved her little sister and treated her as such. CM asked if [redacted] had access to a cell phone and she said no her phone had been cracked. However, [redacted] can call her mom through Alexa and she can call 911 through the device. However, Ms. [redacted] cannot call in. She said that [redacted] is on the autism spectrum. She mostly doesn't like new people or take to new people well. She has new environment issues. She stated [redacted] does not know CPR or first aid but she loved her little sister and knew how to take care of her, changing diapers and feeding. She said she had planned on adopting AC . Their next court date was the 24th of this month.

She did not disclose any additional information regarding the allegation in the referral or express a need to talk about anything else. CM [redacted] thanked her for speaking with her and the interview was concluded.

A complete walk-thru was then conducted in the foster home, including all bedrooms, bathrooms, and common living areas. No concerns regarding the environmental status of the foster home except that it was quite cluttered and there was cleaning products on the floor in the kitchen. No firearms or ammunition in the foster home. All medications are properly stored,

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Narrative Type: Addendum 1 Entry Date/Time: 02/14/2024 02:05 PM Entered By: [redacted]

Foster Parent (FP) agreed to speak with CM [redacted] in person with their foster parent advocate, [redacted], present. CM [redacted] had (FP) sign the form and upload it into TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-11 19:44:00	Contact Method:	
Contact Time:	07:44 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	02/14/2024
Completed date:	02/14/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/14/2024 11:55 AM Entered By: [redacted]

Case Manager-CM [redacted] spoke with [redacted] Social Worker, on 02/11/2024 at 7:44PM. She stated the foster mother left about 10 minutes prior to CM 's arrival. She also noted the police officer was Officer [redacted] at [redacted] and he was also headed back to the scene of the incident. She provided CM with the address of [redacted] 299 [redacted] TN [redacted] She stated the DCS worker was [redacted] at [redacted] and if I needed to contact [redacted] tomorrow, I would ask for [redacted] at [redacted] who would be next on shift.

She also added that she believed the 12 year old who was watching the infant had autism but she was not sure to what degree and that the medical team believed the child had been deceased longer than they had originally thought due to the state the body was in. She also stated that law enforcement had some concerns with the foster mother's timeline.

CM called Officer [redacted] a [redacted] prior to leaving the hospital To let him know she was on her way to the foster home. He stated the detective was on scene and they would be waiting outside the building. CM thanked him and concluded the call.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-11 19:34:00	Contact Method:	Face To Face
Contact Time:	07:34 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	02/12/2024
Completed date:	02/12/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/12/2024 12:54 PM Entered By: [redacted]

Case Manager-CM [redacted] arrived at [redacted] Emergency Room on 02/11/24 at 7:34OM. CM was notified by [redacted] Social Services/Nursing staff that the Alleged Child Victim-ACV was declared deceased at 4:17PM and was in the process of being prepared for transportation to the medical examiner's office. CM thanked them and exited.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-11 18:34:00	Contact Method:	Phone Call
Contact Time:	06:34 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	02/12/2024
Completed date:	02/12/2024	Completed By:	[redacted]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/12/2024 02:56 PM Entered By: [redacted]

Case Manager-CM [redacted] spoke with referent on 02/11/2024 at 6:32PM. The referent restated the information in the referral and let CM know the foster mother was at the hospital. They stated they would be there until 8:00PM if CM needed to speak with them again. CM thanked them for the information and concluded the phone call.

Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [redacted]

Investigation ID: [redacted]

Referral Date: 02/11/2024

Assignment Date: 02/12/2024

Street Adress: [redacted],

City/State/Zip: [redacted] Tennessee 37210

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted]
								02/20/2024
2	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[redacted]
								02/20/2024

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [redacted]

Date: 02/20/2024

Team Leader: [redacted]

Date: 08/21/2024

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

ACV is deceased and could not be observed.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?

According to the Autopsy Report, the cause of death was "undetermined", the manner of death was "could not be determined" and the circumstances of death were "unknown if external causes were involved".

Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?

AP stated she left ACV with her adopted 12-year old child. She said she knows how to care for children. She stated she left ACV for a couple of hours while she was sleeping as she needed to find a gift for her mother. She said ACV was left on her

Department of Children's Services

Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [redacted] **Investigation ID:** [redacted]

bed in the middle with two pillows to prevent her from falling. She stated she immediately had her daughter call 911 as she performed CPR on ACV.

Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:

The witness who is the adopted child of the AP stated she was watching the ACV while the AP went to the store. She said she was watching tv and thought ACV was sleeping the whole time. She stated she knows how to give a bottle and watch an infant but does not know how to change a diaper.

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:

There was not additional evidence or factors of abuse or neglect but the allegation of lack of supervision was met.

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 02/12/2024**
Assessment Type: FASTSIU	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Not Determined	**Assessed at Location:** In the Home
Event Start Date: 08/21/2024	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 02/12/2024	**Approver:** [redacted]

PARTICIPANTS

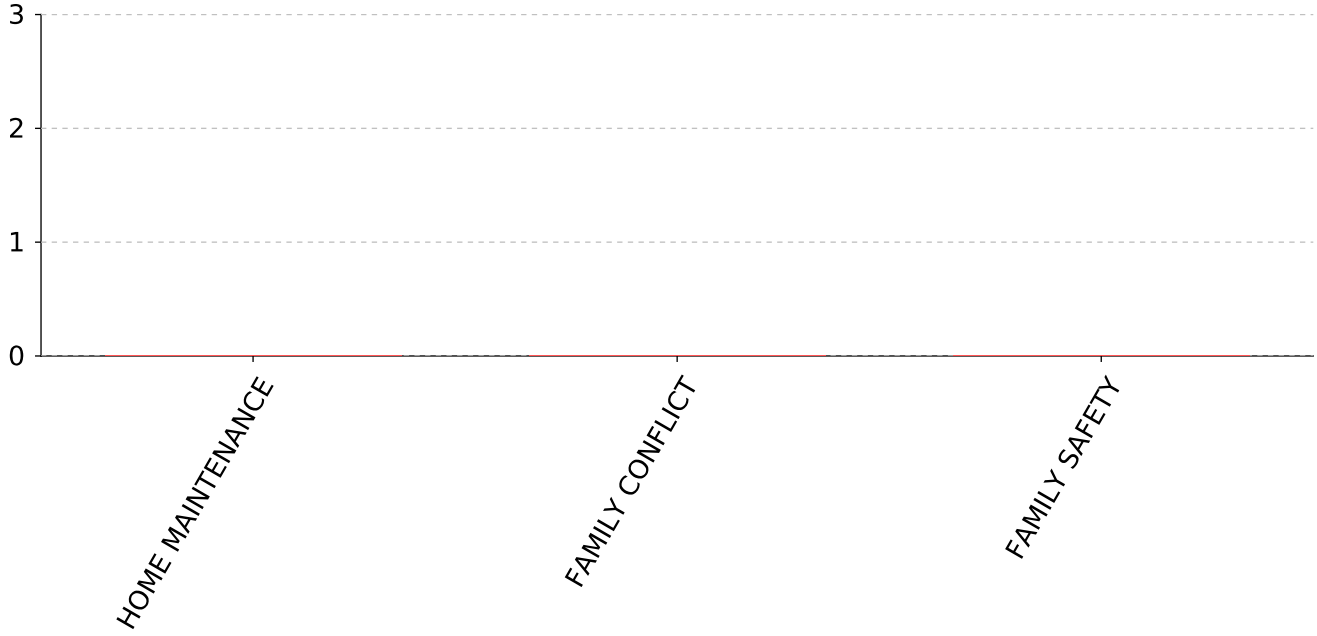
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	Deceased	Youth	F	[redacted]	Not	
[redacted] (AP)	50 Yrs	Primary	F	[redacted]	N/A	N/A

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 02/12/2024
Assessment Type: FASTSIU	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).

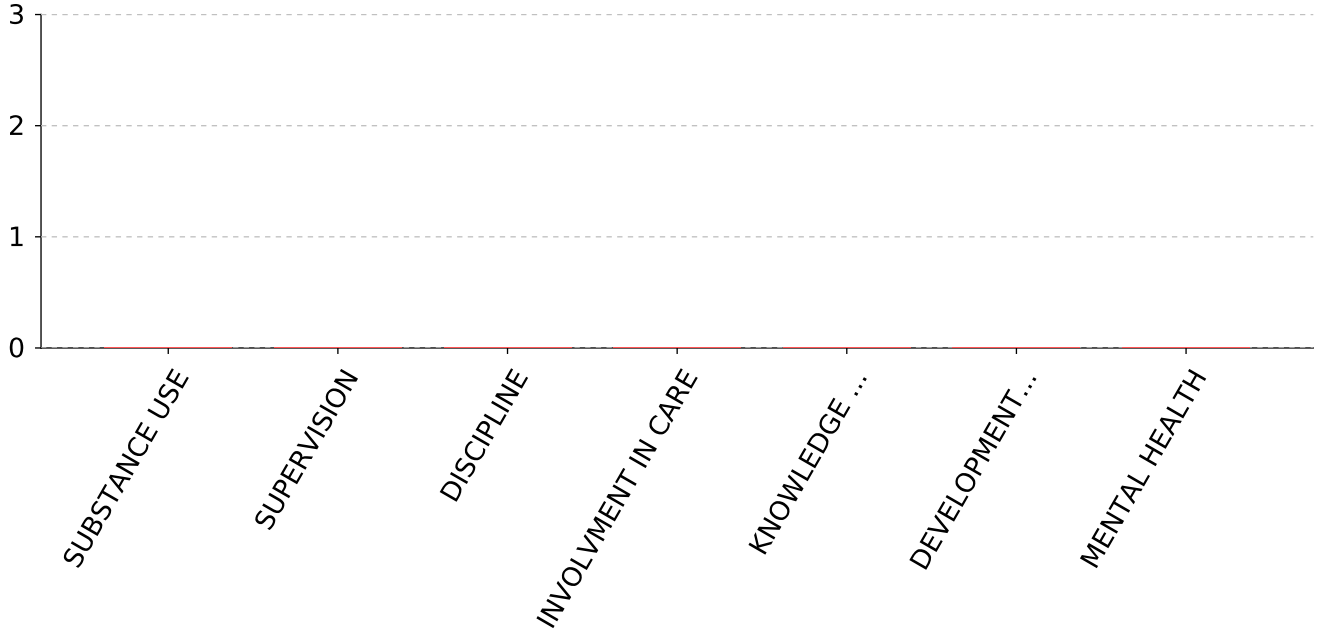


Item	Score	Justification/Narrative
HOME MAINTENANCE	0	
FAMILY CONFLICT	0	
FAMILY SAFETY	0	

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 02/12/2024
Assessment Type: FASTSIU	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role Primary Caregiver

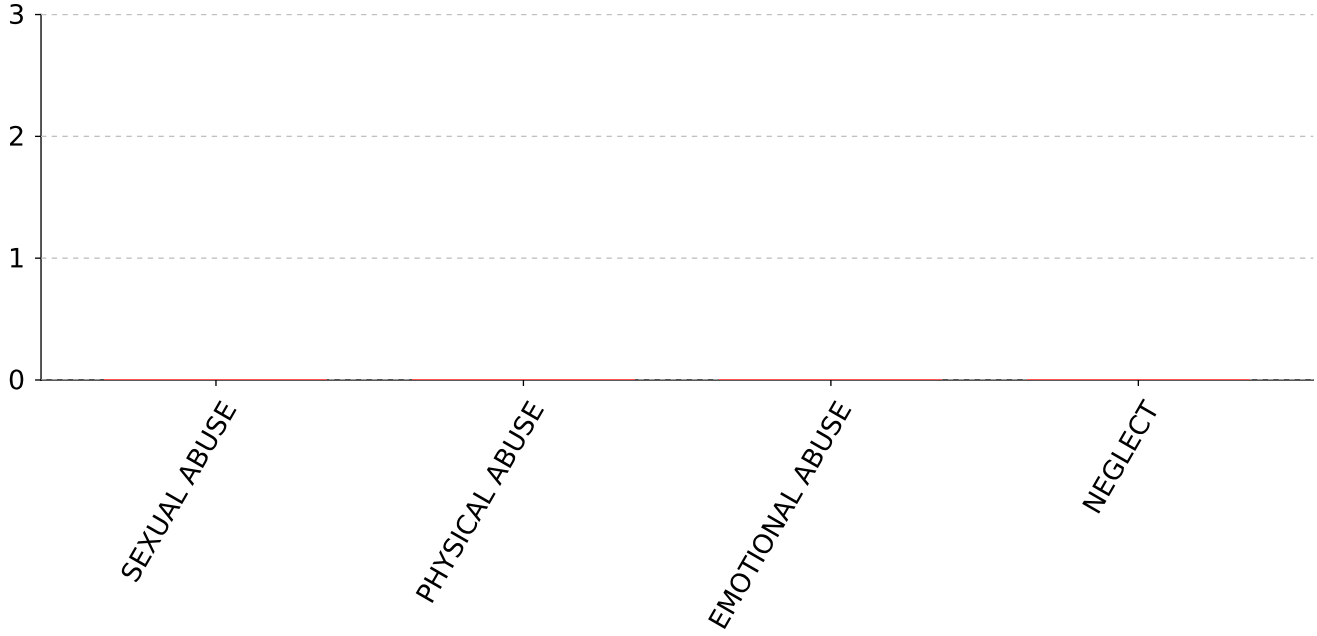


Item	Score	Justification/Narrative
SUBSTANCE USE	0	
SUPERVISION	0	
DISCIPLINE	0	
INVOLVMENT IN CARE	0	
KNOWLEDGE OF FAMILY AND CHILD NEEDS	0	
DEVELOPMENTAL (CHILD ON CHILD)	0	
MENTAL HEALTH	0	

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 02/12/2024
Assessment Type: FASTSIU	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted]	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
SEXUAL ABUSE	0	
PHYSICAL ABUSE	0	
EMOTIONAL ABUSE	0	
NEGLECT	0	